

BOILER AND PRESSURE VESSEL REGISTRATION FORM

The State of Maryland requests that you update the information below and return within 10 days.
If there are no changes, please continue to get your object(s) inspected to maintain valid certificate(s).

LOCATION	Name	Phone(s)
	Street Address, City, State, ZIP	
PRIMARY CONTACT	Company Name	Phone(s)
	Contact Name	Title
	Street Address, City, State, ZIP	Fax
		Email
OWNER	Company Name	Phone(s)
	Contact Name	Title
	Street Address, City, State, ZIP	Fax
		Email
INVOICE MAILING	Company Name	Phone(s)
	Contact Name	Title
	Street Address, City, State, ZIP	Fax
		Email
CERTIFICATE MAILING	Company Name	Phone(s)
	Contact Name	Title
	Street Address, City, State, ZIP	Fax
		Email
AUTHORIZED INSPECTION AGENCY (see page 1)	Company Name	Phone(s)
	Contact Name	Title
	Street Address, City, State, ZIP	Fax
		Email
BPV #s		